								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2000								19/6328/2					
		CLAIMS AS	FILED - PART I (Column 1) (Colum			SMAL nn 2) TYPE			NTITY	OR	OTHER SMALL		
TOTAL CLAIMS						R	RATE FEE]	RATE	FEE		
FOR			NUMBER FILED NUMB			ER EXTRA	BASIC FEI		355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			2minus 20= *				X\$ 9=			OR	X\$18=		
INDEPENDENT CLAIMS 3			5 minus 3 = *				X40=			OR	X80=	11	
MULTIPLE DEPENDENT CLAIM PR			RESENT				+135=			OR	+270=	7-7-	
* If the difference in column 1 is i			less than zero, enter "0" in column 2					TOTAL		OR	TOTAL	(117)	
	C	A PA PMIA I	MENDED - PART II				•	- 171		10,,	OTHER	THAN	
	UI	(Column 1)				(Column 3)	SMALL ENTITY			OR	SMALL		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	•	Minus	**		=	×	\$ 9=		OR	X\$18=		
WE	Independent	*	Minus	***		=	T	40=		OR	X80=		
	FIRST PRESE	ILTIPLE DEPENDENT CLAIM					105		1	+270=			
								135= TOTAL	, ,	OR	+270= TOTAL		
								IT. FEE		OR	ADDIT. FEE	L	
		(Column 1) CLAIMS		(Colu	mn 2) IEST	(Column 3)			1.00	1		1 455	
MENT B		REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA	RAT	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MON	Total	•	Minus	**		=	×	\$ 9=		OR	X\$18=		
AMEND	Independent	•	Minus	***		=		(40=		OR	X80=		
■	FIRST PRESENTATION OF MU		JLTIPLE DEPENDENT CLAI		T CLAIM		l ├─					 	
Adm Signinar 1000								135=	<u> </u>	OR	+270=		
BEST AVAILABLE COPY							ADE	TOTAL IT. FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)										_ /-			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	×	(\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		=		(40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	•		100		-	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=	<u> </u>	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE	<u></u>	
	The "Highest Nun	nber Previously Pa	id For" (Total o	or Independ	dent) is the	highest numbe	r found	in the ap	opropriate bo	ox in ca	olumn 1.		